

Of the seven cases observed by Nolda, in six there was a history of previous infectious disease—diphtheria in three cases, scarlet fever in two cases, and pneumonia in one case—and in five of these cases the symptoms of multiple sclerosis followed immediately upon the infectious disease in question. In the sixth case the symptoms of the nervous affection developed some months after the preceding malady. We must therefore conclude from these observations of Nolda, that multiple sclerosis is to be regarded as a sequela of acute infectious diseases. Adamkiewicz has shown that the lesion in multiple sclerosis consists of a primary affection of the nerves of the central nervous system, with secondary change of the neuroglia. Hence, Nolda assumes that the virus of the infectious disease penetrates in some unknown way the medullary sheaths of the central nervous system, which apparently are especially sensitive to it, and thence sets up the whole process.

According to Marie, multiple sclerosis occurs more often in children than has hitherto been accepted and K. Oppenheim asserts that the disease in the adult can not so very rarely be traced back to the earliest childhood. J. W. B.

CLINICAL.

TABES DORSALIS COMBINED WITH MUSCULAR ATROPHY.

Jolly recently showed to the Berlin Society of Psychiatry and Nervous Diseases, a case of combined tabes dorsalis and muscular atrophy with paresis. The "*Centralblatt für Nervenheilkunde und Psychiatrie*," for June, gives some details of the case. The patient was a woman, fifty-one years of age, who, seven years previously had had diplopia and vertigo. For the past four years she has had a furry feeling in the soles of the feet, and of late unpleasant sensations, first in the left hand and then in the right hand also. Syphilis was denied, but the patient had had several miscarriages. She had been often exposed to wet weather and had been obliged to carry very heavy loads.

Status præsens : Ataxia both on standing and on walking, also a paralysis of the left peroneal muscles. The dorsal flexion of the toes of the left foot is affected, while in the right foot the movements are normal. The test for sensibility gives varying results. A light touch is not felt by the great toes of either foot, but sensation to pain is present. The muscular sense of the great toes is also affected.

The upper extremities are wasted, the extensor of the right forefinger and the radial extensor of the wrist, as well as the thumb muscles of the right hand, are all atrophied. There is also atrophy of the left thenar eminence, but here the index finger can be extended, while the other fingers are incapable of extension. Flexion is, however, possible. The electrical reaction is markedly diminished in some muscles. Sensibility is but slightly disturbed. The pupils are unequal, the right larger than the left. They do not react to light. There are no other ocular paralyses.

Jolly concluded, from the results of autopsies in similar cases, that the muscular atrophy in this case was due to a peripheral neuritis. The various features of the case taken together, indicate, in his opinion, that tabes is not a systemic disease, but an affection of the whole nervous system.

J. W. B.

THE VISUAL APPARATUS IN THOMPSEN'S DISEASE.

At a recent meeting of the Hospital Medical Society of Paris, Raymond described ("Union Medicale," June 11th) two cases of Thomsen's disease, in which the ocular muscles were involved in the general process. One of the patients was shown to the society. Raymond claimed to have already proved that the phenomena of Thomsen's disease are due to a parenchymatous myositis with increase of the nuclei of the myolemma.

In the first of the two patients in question the right eye was entirely normal. The left eye showed astigmatism with a certain degree of myopia. The pupillary reaction was normal in both eyes, the visual field was not contracted, there was no dyschromatopsia. There was no lesion of the fundus. But when the head and neck were turned suddenly, there was a spasm of the lids which made the eyes prominent, the gaze fixed, and at the same time caused an amblyopia or even a transitory blindness. The internal recti muscles were considerably increased in volume; the hypertrophy was gradually affecting the other ocular muscles also.

In the second patient the spasm was especially marked in the superior recti muscles and was increased by the application of the faradic current. There was no contraction of the muscle of accommodation, nor any asthenopia. The pupils reacted normally, but their reaction to light was of only short duration, as they dilated again almost at once